## **DECLARATION AND POWER OF ATTORNEY** FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 200300379-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are

y residence/post office a	ddress	and citizensh	ip are as s	stated below next t	o my name;	tained first and
pelieve I am the original, int inventor (if plural na	first an	d sole invento e listed below entitled:	or (if only ) of the s	one name is listed subject matter whi	ch is claimed a	
OFT-REFERENCE MAGNE	TIC ME	MORY DIGIT	IZING DE	VICE AND WETHOL	OF OPERATIO	
ne specification of which	is atta	ched hereto u	nless the	following box is ch	ecked:	
		00.119	S Annlicat	tion No. or PCT Inte	ernational Appii	cation
( ) was med on		and was	amended	on	(if applicab	le).
hereby state that I haviculating the claims, as a sisclose all information wi	e reviev	wed and under	erstood th	ne contents of the	above-identifie e. I acknowle	an specification.
	£ E	union Dringity				
oreign Application(s) and/or Content of the hereby claim foreign priority to the filter of the filting date before that of the a	penefits u	ınder Title 35, U ave also identifie	u below all	, totolar abbuta	any foreign applica patent or inventor	tion(s) for patent of (s) certificate havin
		APPLICATION NUM		DATE FILED	PRIORITY CLAIMED	UNDER 35 U.S.C. 119
COUNTRY	-+				YES:	NO:
					YES:	NO:
Libral Application						
rovisional Application hereby claim the benefit und selow:	er Title 3	5, United States	Code Section	on 119(e) of any Unite	d States provisiona	l application(s) list
		APPLICATION NUMBER		FILING DATE		
application and the national or	1	FILING DATE			(patented/pending/aband	ioned)
					•	
POWER OF ATTORNEY: As a named inventor, I here business in the Patent and Tra  Customer I	ademark (	nt the following Office connected	attorney(s) therewith:	and/or agent(s) to pro	osecute this applic	ation and transact
				Direct Teleph	none Calls To:	
Send Correspondence to: HEWLETT-PACKARD COM	MPANY			Brian Short		
Intellectual Property Administration P.O. Box 272400				650-236-4890		
Fort Collins, Colorado 80	0		650-236-46	.50		
I hereby declare that a made on information a with the knowledge t imprisonment, or both	ind bei that wi	Ilful false sta	tements	and the like so	made are puni States Code an	shable by fine d that such wi
false statements may j				plication or any pa		reon.
false statements may ju		HARMA		Citizenship:		reon.
Full Name of Inventor: MA  Residence: 93	36 Cam	HARMA bridge Ave., S		Citizenship:		reon.
Full Name of Inventor: MA  Residence: 93	36 Cam	HARMA bridge Ave., S		Citizenship:	INDIA	reon.
Full Name of Inventor: MA  Residence: 93	36 Cam	HARMA bridge Ave., S		Citizenship:		reon.